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TITLE: Social Isolation, Perceptions of Risk, and HIV Prevention: A Mixed Method Study of Older Injecting Drug Users

AUTHOR: Anderson, TL; Levy, JA

BACKGROUND/OBJECTIVES: The current paucity of information regarding HIV risk among the elderly poses an increasingly significant social problem today since current data show an escalation in rates of AIDS among older Americans. The purpose of our paper is to contribute to this literature by studying how social isolation, current drug use, and sexuality shape perceived risk of HIV and prevention-related behaviors among injecting drug users (IDUs) over 50 years of age. Furthermore, we study gender differences in these matters in order to better inform prevention efforts.

METHODS: Our sample consists of male and female active IDUs not in treatment over the age of 50 who were recruited using snowball sampling techniques as part of a larger research project that examines community-based HIV counseling, testing, and partner notification in curbing HIV transmission. Our data are drawn from four sources: focus groups, in-depth interviewing, HIV testing, and a quantitative questionnaire. We used Atlas.ti, a software program for qualitative research to code our focus group and interview transcripts. Analyses of the more quantitative data were completed with SPSS. In addition, we also coded both the transcripts and computerized quantitative data file for all 50 participants noting their HIV status as obtained through HIV testing.

RESULTS: Our analysis shows that older IDUs perceive their risk for contracting HIV considerably lower than expected or what their behaviors would justify. The reasons for this have to do with their extreme social isolation and the heuristic devices (e.g., gossip and assessment of appearance) they use to estimate their risk. Dissociation from longtime drug buddies (most often due to death or relocation), decreased mobility, unemployment, family fallout, and fear or avoidance of the medical community or services act to isolate our older IDUs and prevent them from having a valid standard against which they can assess their HIV risk. As a consequence, they use various heuristic devices to underestimate their risk, which later alters their commitment to prevention behaviors. We found this phenomena to be more problematic among our older female IDUs. Furthermore, sexuality and extent of current drug use also contribute to discrepancies between risk perception and prevention-related behaviors.

CONCLUSIONS: AIDS constitutes a serious problem among older IDUs and warrants much greater prevention and intervention efforts than are currently being conducted. Our findings add to the information needed to design such critical programming. Addressing the social isolation of the elderly may promise to reduce the escalating rate of AIDS among older Americans. Outreach education and targeted harm reduction strategies in underprivileged communities may act to do the same.

PRESENTER CONTACT INFORMATION

Name: Tammy L. Anderson

Address: 2121 W. Taylor
m/c 922, SPH-W
Chicago, IL 60612

Telephone: (312) 413-8386

Fax: (312) 996-1450

E-mail: tammya@uic.com